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# Nurse Manager as Leader: Creating Community within a Healthcare Organization

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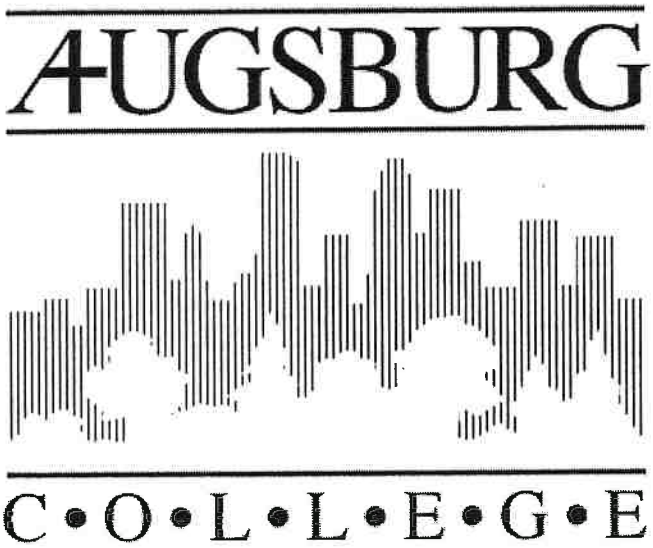


# MASTER OF ARTS IN LEADERSHIP THESIS

Theresa Marie Duffy



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This paper is dedicated to my sister Brigid Duffy Alseth
Thank you for your support and encouragement.

I would like to acknowledge Norma Noonan for her
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# ABSTRACT

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Healthcare organizations are searching for mechanisms that will encourage the employ and retention of skilled registered nurses. Traditional management styles have done little to create a nurturing and supportive workplace that encourages staff nurses to work in an inpatient setting. A non-traditional nurse manager as a leader, who exhibits relational and servant-leadership characteristics can facilitate a process of creating a workplace community with registered nurses that will not only provide a supportive environment, but will perform better as well. This paper explores the attributes of a non-traditional nurse manager that will promote the development of a workplace community.

## Introduction

Healthcare institutions are facing competitive markets in attracting and retaining highly skilled healthcare professionals, particularly, registered nurses. In an effort to create a workplace environment that retains skilled registered nurses, healthcare institutions are re-establishing middle management positions. The expectation of the role of the middle manager is to create connections with the registered nurses that will support their personal and professional development, encouraging a commitment to long term employment.

The traditional top-down style of management has done little to create a workplace environment that inspires employee performance or encourages staff retention. Studies conducted in adult health care environments have demonstrated a correlation between the attributes of a nursing manager as leader and staff nurse work satisfaction (Medley, 1999). Charisma and the ability to demonstrate consideration for the individual and provide intellectual stimulation were defined as key characteristics (Medley, 1999). Attributes that were seen in a style of leadership that encouraged job satisfaction were the ability to motivate staff by increasing staff confidence and creating a connection to the value of work related outcomes. Therefore, a non-traditional style of management, combined with leadership skills that promote personal inspiration, a connection to work and the workplace, is a better option for today's health care manager.

A nurse manager as a leader who exhibits the characteristics of a relational and servant-leader can offer staff nurses a sense of connection to coworkers and a sense of value for the work they do through facilitating a process aimed at developing a workplace community. This paper will explore the attributes of a relational and servant-leader, vital to the development of a workplace community.

## Healthcare Environment

### Current realities

Jana Madsen, author of *Healthcare Forecast* describes the current climate of healthcare as the "only thing changing more than the weather" (2000, p.66). Hospitals and healthcare systems are in the midst of dramatic changes driven by external market demands, tighter resource availability, never ending changes in technology, governmental standards, and cost complexity (Mastorovich, 2000). In particular, changes in insurer reimbursement practices, technologies, and procedures, have led to reductions in the number of days patients are required, or able to stay in a hospital recovering from a surgical or medical procedure. One impact of this shortened length of stay is that there is less time for hospital personnel to establish a caring working relationship with their patients and still find time to tap into the appropriate resources needed to assure that patient needs are met before the patient is sent home (Wyatt, 2000).

The reduction in the number of shifts that registered nurses have contact with patients before their discharge has, according to nursing authors Parker and Gadbois, "impeded one of nursing's most important therapeutic avenues – caring interaction. The

compassionate presence of the nursing staff is lost in the rush toward productivity and faster throughput of patients" (Parker, 2000a, p.387). The impact of this loss is not felt only by the patients. Nurses begin to feel less valued for their compassionate nursing skills and more as if they are becoming "cogs of the machine" (Parker, 2000a). The unfortunate result is staff nurses focus on patient care procedures rather than patients thereby experiencing a loss of the humanity of their work (Parker, 2000a).

Providing safe quality patient care is a pressure that confronts the staff nurse on a daily basis. The potential for error is a human reality. The ramifications of an error in healthcare, however, can be disastrous. The November 1999 report form the Institute of Medicine (IOM) estimates that between 48,000 to 99,000 patient deaths are due to errors by healthcare workers each year (Shapiro, 2000). As a direct provider of care, the bedside nurse is the last individual in a chain of health care professionals expected to assure a medication or intervention is safe and appropriate. The weight of this responsibility is enormous and can frazzle the most experienced registered nurse.

In addition to the loss of time interacting with patients and the pressures of providing safe patient care, the healthcare environment is further stressed by a shortage of healthcare providers. The 21st century has begun with a reduction in the numbers of registered nurses willing to work in healthcare institutions that operate 24 hours a day, seven days a week, weekends and holidays. Compounding this current reality is the prediction that the demand for nurses will exceed the available supply by 2001 (Thompson, 2001, p.62). There are many reasons for the current nursing shortage which

according to Parker and Gadbois, includes "the pressure of managed care and the resulting demands for increasing productivity that are placed on [already wearied] healthcare professionals" (Parker, 2000a, p.389).

Pamela Thompson, Executive Director of the American Organization of Nurse Executives, describes the hospital work environment as increasingly stressful and chaotic. There are limited resources for staff recruitment and retention, and the staff members who are working are caring for patients who are increasingly ill with extremely complex needs (2001). The pressure to treat patients faster and faster results in fewer opportunities for nurses to experience a sense of personal reward or professional satisfaction achieved from employing his or her unique nursing talents in providing patient care. The burdens of providing quality patient care today are challenging for experienced nursing staff - overwhelming, for the novice nurse.

The nursing profession does not hold much appeal to younger generations as compared with other career opportunities that exist today. Future staffing by registered nurses looks more and more bleak. The realities of the nursing shortage have resulted in many hospitals looking internally to outline mechanisms for retaining experienced registered nurses and recruiting young adults to the profession of nursing. Hospitals, Home Care agencies, and long-term care facilities are all currently confronted by rising national turnover rates of registered nurses with a very limited pool of qualified applicants in the wings. These turnover rates and the reduction in the number of people choosing nursing as a career should, according to Karen Kerfoot, Senior Vice President

for Nursing and Patient Care Services at Clarian Health in Indianapolis, Indiana, tell us that we aren't doing as well as we could to create a shared destiny between our health care organizations and our nurses (Kerfoot, 2000). The redeeming factor in this situation according to Parker and Gadbois is that "all participants are trying to do their best under confusing and difficult circumstances". "It is [nonetheless] a sad view of the healthcare professions that students face as they make their career choices" (Parker, 2000a, p.389).

Complicating the situation further for the staff nurse is a sense of isolation from organizational leaders. Currently, most hospital employed staff nurses do not consistently experience a sense of working collegially with their organizational leaders to define processes to improve the ways in which patient care needs are met. Nurses instead feel driven to move patients through the healthcare system quickly in accordance with government and insurer standards of payment (Parker, 2000a, p.388). Managers on the other hand, are expected to establish and provide customer service amenities such as "hospitality" for patients and visitors while struggling with the overwhelming pressure to adhere to budget constraints and assure staff compliance with the plethora of regulatory agency requirements (Parker, 2000a). Parker and Gadbois believe middle managers have a difficult job because they must implement changes to meet tight budgets despite the effect this has on staff nurses.

Feeling impeded by their own organization as they attempt to conduct patient care, staff members begin to pull back from the organization and from each other out of frustration and mistrust (Parker, 2000a). This disconnection between staff and their nurse

managers, and the organization as a whole, becomes more pervasive as the cycle of productivity expectations and budget constraints continues. Parker and Gadbois caution that there is little that a nurse manager can do to create sustainable changes in quality of work-life unless larger system forces are addressed. One of these forces is the fear and anxiety experienced by workers and managers alike. "Without a sense of community, individuals in the organization begin to withdraw their commitment and trust declines" (Parker, 2000a, p. 388).

Despite the technological complexities and system pressures nurses remain dedicated to the role of caregiver (Wyatt, 2001). They are, nevertheless, "weary from adapting to the constant changes in their practice environment and cynical about making a real impact on what they perceive as a downward spiral in patient care quality" (Parker, 2000a, p.387). Nurse managers and staff nurses alike can find their personal and workplace values challenged as a result of today's health care environment. What is needed is the ability to collaboratively define mechanisms for adapting to workplace changes by clarifying manager and staff values and developing new strategies for work. Heifetz and Laurie believe that the answers to adaptive challenges live in the collective intelligence of employees at all levels of an organization (Mastorovich, 2000). The challenge for the nurse manager becomes one of creating connections among nursing personnel (Mastorovich, 2000) and finding ways to work collaboratively.

Men and women enter the profession of nursing with the intention of making a difference in the lives of patients. This vision is hampered by the realities of shorter

patient length of stay and pressure to quickly move patients through the medical system, resulting in less time spent interacting with patients and families. Staff nurses are further wearied by ongoing pressures, shortages in staffing resources, and a never ending need to adapt to technological changes in an atmosphere that feels void of collegial support from organizational leaders. A workplace community can help to fill this void.

## Workplace Community

Gadbois and Parker believe it is possible to redirect the current patterns within organizations that are "bound up with fearful, adversarial relationships and create more enduring, productive interrelationships among employees" (Parker, 2000a, p. 388). This can happen across the whole organization or in just one unit. In either case, Parker and Gadbois believe it must start with management and the process must value workers as individuals who desire to belong to something greater than Self (Parker, 2000a). Charles Handy writes, "Businesses don't work… unless they are communities" (Handy, 1998, p. 52). "We are not meant to stand alone. We need to belong – to something or someone" (Naylor, 1996, p.47). Without a sense of community, Handy believes that the business is simply a "box of individual contracts". Whereas a workplace that fosters a sense of belonging to a community, "encourages reliability and fidelity in personal relationships" that results in "competent human beings, prepared to work for a common cause" (Handy, 1998, p. 52).

Staff nurses and managers alike, spend a significant amount of time in the workplace. Both groups desire a sense of belonging and a sense of satisfaction and fulfillment from

their work and their lives. Dan Hanson, author of *A Place to Shine: Emerging from the Shadows at Work*, proposes that we search for a connection to our self, a connection to others, and a connection to the meaningful work that we do (1996). Creating a sense of community to provide the opportunity to discover a sense of self, a connection to others and the work, can provide managers and staff nurses with an avenue to not simply adapt to, but embrace a challenging future.

**What is Community**

Traditionally, communities have been described in terms of a physical or a social concept. Physically, communities are traditionally defined as an area in which people live. The members of these communities generally live under the same structure of government and may or may not share the same religious, cultural, and historical traditions. Socially communities are seen as social groups or clubs in which people share common interests. Today's hospital environments contain the makeup of both types of communities. Hospitals operate under a governing structure and are comprised of people who share the common interest of providing patient care. What is lacking in the current hospital environment, is the ability for members of the organizational community to relate to each other as they attempt to work in teams.

Workplace teams are often created and centered on tasks. Completing assigned tasks can provide a temporary sense of accomplishment, but does little to create a long-term connection or foster a conscious commitment by team members to the organization's mission and vision. What is needed is a process that encourages and embraces a

commitment of the members of the team to work together and develop honest working relationships with each other. Members of a workplace community recognize the importance of partnering to cultivate a process of group learning that will improve workplace processes and lead to unprecedented collective achievements.

There has been an evolution in the past decade of articles and books championing the creation of workplace communities. Many propose fostering relationships based on partnerships that can lead to a sense of belonging to a communal purpose - a community. Though there are no empiric studies that demonstrate the benefits of workplace community with respect to employee / manager relationships, the ideas proposed by various authors are insightful and rational.

In her book, *The Membership Organization: Achieving Top Performance Through New Workplace Community*, Jane Galloway Seiling defines a workplace community as "a workplace that is moral and respectful" (1997, p.3). It is an environment in which employees are responsible agents of the organization and "evokes images of belonging and pride" (Seiling, 1997, p.3). Seiling asserts that "people seek to work in a community where they feel connected to the success and purpose of the organization. In such an organization, employees *want* to be top performers, participating deeply in the success of a workplace community in which they share ownership of mission and purpose" (1997, p. 3). The concept of community "suggests an organization that is beneficial, productive, and interconnected. People work well together because they are interdependent *and* autonomous" (1997, p. 4).

Thomas Naylor adds to this definition in his article, *The Search for Community in the Workplace.* Naylor defines community as: "a partnership of free people committed to the care and nurturing of each other's mind, body, heart, and soul through participatory means" (1996, p. 42). "Community is about cooperation, sharing, commitment, communication, trust, justice, empowerment, adaptability, and tension reduction—values acclaimed by many but achieved by few" (Naylor, 1996, p. 42). The basic goal behind all this "is to build a work environment in which people see themselves as respected members of an organization or community" (Schell, 1999, p.1).

**What Community is not**

Creating workplace communities is not a new workplace redesign initiative. Organizational redesign efforts, also called reengineering initiatives, have been attempts to align organizational systems that have become fragmented. Past redesign efforts were met by only a 55 percent success rate (Marcic, 1998b, p.1), as they did not create structures that supported long term true integration of people and systems (Mastorovich, 2000). Moreover, many redesign efforts and reengineering initiatives were driven by the need to create a new system that fit within the organization's hierarchical structures, rather than to create a system centered around the needs of employees and customers.

A true workplace community is based on shared values of cooperation, trust and human empathy (Naylor, 1996) and therefore cannot be viewed as a new model for aligning the way work is done in a top-down-hierarchical fashion. Creating workplace community requires power sharing on the part of managers and administrators (Naylor,

1996). The manager or administrator cannot dictate the creation of workplace communities as one cannot dictate creating genuine partnership relationships. Genuine partnership relationships can develop over time only within a supportive and nurturing workplace environment.

Creating workplace community should not be viewed, as a mechanism to eliminate conflict, for the goal of workplace community is to build effective relationships that can handle conflict and grow through it (Parker, 2000d). The goal of creating workplace community should also not be viewed as a process in which the manager can renounce all accountability for interactions with personnel. Rather the role of a manager as leader becomes one of influence and facilitator of processes that will support a workplace community. Creating workplace communities is a complicated never-ending endeavor. It is a slow process for which there are no shortcuts (Naylor, 1996).

**Why it is needed**

Workplace communities benefit the individual, the organization, and the customer. Heifetz affirms that as individuals, we all have the "normal human need to be important. Everybody wants to matter to somebody" (1999, p.19). Employees and managers can find themselves defining their lives through their professional roles rather than by who they are as a person (Heifetz, 1999). Adding to this predicament, individuals within organizations often live alone, work alone, and play alone. This loneliness and isolation is what Charles Handy describes as the "disease" of the 21st century (Naylor, 1996).

Employees and managers spend a significant part of their lives in the workplace surrounded by people, yet long for a sense of connection with others and personal meaning to their lives. More often than not, today's neighborhoods are no longer the primary environment for social relationships. Many adults live a life that is so busy that the home has become a place to eat and sleep. Yet humans are social in nature and need to experience connections with other people. The result is a search for social relationships and connections in the workplace. These social relationships are more significant when employees experience trusting relationships with their managers and organizational leaders and are supported in their search for meaning in their lives. Daniel Hanson defines this human desire for purpose, as a search in this life for "a self to be, others to love and be loved by, and meaningful work to do" (Hanson, 1996, p.x). A workplace community is a model that supports the development of relationships and a definition of purpose for self and for the organization.

Establishing meaningful relationships with employees is a challenge for a manager. Parker and Gadbois believe that what is missing in many health care organizations today is a lack of the ability to listen to and respond to employees and managers alike. "Trust cannot be rebuilt until all the members of the organizations in the industry can *hear and respond* to the needs of those they serve" (2000a, p.390). A workplace community can offer a sincere organization an environment in which employees, managers, and organizational leaders can share ideas, concerns, and collaboratively redefine the way the work is done through developing a shared vision and action plans, but only if the community values of listening to and responding to each other exist.

Building relationships is a part of the process of developing a workplace community. This process can produce a more collaborative-team approach for the employee, manager and organizational leaders that can lead to improving the manner in which work is done. These improvements benefit not only the members of the organization, but can produce better outcomes for the customer as well.

## The Role of the Leader in Building Community

The role of the leader in facilitating the process of building a workplace community is crucial. The leader must be willing to let go of traditions, to share the power that is affiliated with making unit operational decisions, and venture into the unknown without assurances of success. Building a workplace community requires a courageous leader with an authentic desire to create a relational partnership with staff members. It also requires a leader with a vision of working through a process that upholds the belief in a shared life for the manager and staff members as a community value.

Organizational leaders understand the regulatory issues that surround patient care and the nurse manager knows the unit operational issues. It is the bedside nursing staff who experience and understand the day-to-day issues that impact patient care. Together, as a team of organizational leaders, managers, and patient care staff, systems can be created that support a more comprehensive approach to patient care. The "whole-life goal" of creating community in the workplace can give personal meaning and focus to what can feel like a thankless job to all members of the organization, particularly the nurse manager and the nursing staff. A workplace community is not only a philosophy, it is a

process of creating an environment of interconnected partnerships that can offer consistency in an ever-changing world. The ability to create such a workplace community, requires a non-traditional nurse manager as leader who is skilled as a relational and servant-leader.

**Traditional Management**

Kouzes and Posner, have studied leaders since 1983. Based on the results of their years of research, Kouzes and Posner believe that "traditional management teaching implies that the ideal organization is orderly and stable, that the organizational process can and should be engineered so that things run like clockwork" (Kouzes, 1997, p. 15). Additionally, Kouzes and Posner found that traditional management teaching focuses attention on the short term (Kouzes, 1997). Historically, nurse managers have followed this more traditional styles of management of identifying and fixing workplace problems in order to move on to the next priority issue in an orderly fashion.

One historical approach of managing problem issues has been to point to a person involved in the problem issue as the focus when correcting the issue rather than identifying and improving contributing systems processes. For example, medication errors are often attributed to an inability to read a handwritten medication order. A conventional approach to this issue is for a nurse manager to inform the nurse to be more careful in reading the handwritten order or call the physician to obtain a verbal medication order. This approach places the weight of ownership for the issue on the staff nurse. The nurse involved in this scenario will learn to read medication orders more

closely or to seek to clarify an illegible order yet this traditional approach will not prevent the error from occurring again to another staff nurse. Corrections are often not made to ineffective operational systems that have become routine. Operational improvements such as a computerized system for ordering medications would improve the process for all members of the healthcare team and patients by providing a format for legibly typed entry of medication orders along with an automated system for checking medication dosage appropriateness. The conventional approach to correcting problem issues can feel hierarchical and blaming for the staff nurse whereas a systems approach can empower staff. Utilizing information gained from a staff member's experience can provide valuable insights into factors that contributed to the error making it possible to create or adjust systems in order to reduce the likelihood of the error from occurring again. Involvement in the process for improving patient care can be empowering for the involved staff member. Nevertheless, the traditional approach is the more common.

Woodworth and Meek give evidence from other industries illustrating restricted effectiveness when organizations use top-down problem-solving formats and view the decision making process as the responsibility and sole prerogative of management. They found that hierarchically defined decision-making groups failed to create employee commitment to the management-defined solutions (Parker, 2000b). The traditional styles of management have not worked well for nurse manager and staff nurses either. Parker and Gadbois depict manager interactions with staff as often aimed at "dealing with issues of paychecks, time clocks, benefit changes, staffing / scheduling, [and] grievances" (Parker, 2000d, p.524). And despite the best of intentions on the part of the manager, he

or she may follow all defined procedures and rules and still have unhappy employees (Parker, 2000d). The missing element is that a traditional style of management does not place the emphasis on the people. It lacks the focus of creating and respecting connections with staff nurses or to the work that they do for patients.

**Styles of Leadership**

Managers are defined by position in an organizational hierarchy and can be characterized as the person who does things right. A leader on the other hand can be viewed as a guide or director who strives to do the right thing (Blanchard, 1998). There are three styles of leaders identified by Anna Barker in her book *Transformational Nursing Leadership*. One style, a directive (or autocratic) style leader creates structure but manages via control and does not allow others to participate in decision-making (1992). A nurse manager with a high need to accomplish tasks, to comply with expectations typically uses an authoritative rather than relational approach to managing staff members (Barker, 1992). A laissez-faire style of leader does not provide structure and direction, allowing others to have complete freedom in determining how they operate. This style of leadership results in passive employees. A democratic or participatory style leader exerts a low degree of control but actively provides guidance and stimulates the group by promoting group participation in decision making (1992). Parker and Gadbois propose that a "work community's vision of itself must emerge from its members, so the manager as leader has an opportunity to engender ideas and create environments that support such visions" (Parker, 2000b, p.427). This focus on a shared

vision amongst the nurse manager and the staff nurses requires a nontraditional democratic style of leader.

## Community Building Leadership Characteristics

### Non traditional leadership

A non-traditional manager as leader, is as Heifetz proposes, one that "generates other leaders…and generates people who are willing to take responsibility" (Heifetz, 1999, p.19). The call to serve as a non-traditional nurse manager and leader is a challenging one. "People have very high expectations of their leaders" (Seiling, 1997, p. 120). Staff nurses desire a manager who as a leader can be viewed as a role model. They long for a leader who is respectful of them, can guide them in their personal and professional development, and can also provide a sense of emotional support as well. A nurse manager who values employee contributions and is willing to serve as a guide in creating better workplace relationships can facilitate a process of building a workplace community. In other words, they want a leader who will "put principles ahead of politics and other people before self-interests" (Seiling, 1997, p. 120).

### Relational leaders

One approach to leadership that places people ahead of politics and self-interest is relational leadership. A relational leader places emphasis on people as opposed to the traditional authoritative manager who places emphasis on efficiency, productivity and accomplishment of tasks (Barker, 1992). Relational leadership is founded on the premise that relationships are essential to the success of the organization. Jane Galloway Seiling

defines a relational leader as one who "keeps members focused and involved and encourage (sic) deep participation in running the organization" (1997, p.124). "Such leaders take a 'leading-with' approach to working with members located at every level of the organization. Leading-with-leaders enable others and are recognized by their willingness to ask, involve, empower, and encourage members at all levels to partner in achievement, both individually and organizationally" (Seiling, 1997, p.124).

Parker and Gadbois warn that it is difficult for a manager to give up their traditional role of "managing subordinates" (2000b) and develop their skills as a leader who can partner with staff nurses. The relational leader recognizes that what all staff members do and say is important to the organization's success and therefore shares knowledge with them (Seiling, 1997). Creating a workplace community of partnerships, cooperation, and trust requires a relational leader.

**Senge's leader**

An effective non-traditional leader values relationships, but also understands the importance of an organizational structure that can support the work. In his book *The Fifth Discipline: the Art and Practice of the Learning Organization*, Peter Senge also substantiates the need to move beyond the traditional leadership styles of managing employees (1990). In Senge's organization, "leaders are designers, stewards, and teachers. They are responsible for building organizations where people continually expand their capabilities to understand complexity, clarify vision, and improve shared mental models" (Senge, 1990, p.340). To illustrate his 'leader as designer' theory Senge

quotes organizational leader Ed Simon: "The essence of a design is seeing how the parts fit together to perform as a whole" (1990, p. 342). " It's not just rearranging the organizational structure. Most changes in organization structure are piecemeal reactions to problems. Real designers are continually trying to understand the whole" (1990, p. 343).

Senge depicts the 'leader as teacher' as a facilitator of defining reality. "While it is clear that leaders draw their inspiration and spiritual reserves from their sense of stewardship, much of the leverage leaders can actually exert lies in helping people achieve more accurate, more insightful, and more *empowering* views of reality" (Senge, 1990, p.353). Senge proposes that a leader as designer, teacher and steward, must be concerned with developing a vision, defining values, and purpose or mission (1990). To accomplish this, Senge proposes building "a shared vision if an organization is to live believing in a long-term objective" (1990, p.346). This shared vision is a shared "picture of the future" (Senge, 1990, p.9) that is collectively defined by the nurse manager and the staff nurses. A shared picture of the future can provide an over-arching sense of direction that both the nurse manager and staff members are committed to. This shared vision of a future life provides a collectively defined purpose for being in which the manager and staff can be passionate (Markham, 1999).

A credible nurse manager as leader must exemplify Senge's three attributes of a leader. The nurse manager as leader must assure the design of patient care processes is centered on patient care and the interplay of the staff members who provide the care. As a

teacher, the nurse manager as leader assists staff members in defining the realities of delivering patient care, the organization and the overall health care environment. Sharing awareness of the day-to-day realities allows the nurse manager as leader and staff members to jointly define a shared vision of a desired future reality. When the vision is defined, shared, and valued, the manager and staff members can all then become stewards of the vision.

## Servant-leadership: A Model for Building Workplace Community

Ken Blanchard asserts that leadership starts with a sense of direction and is a process of influence in which the leader tries to help people accomplish defined goals (1998, p.22). Blanchard offers servant-leadership as a model that moves a leader from a traditional approach of controlling and supervising to one of inspiring, encouraging, listening, and facilitating (1998). For Blanchard, a servant leader is not only a leader that can define a mission and vision, but can empower and support the front-line staff members to meet client needs. For the nurse manager, this would mean serving staff nurses by empowering them in their pursuit of the mission and vision of meeting patient care needs.

### Servant Leadership Defined

Robert Greenleaf defined a servant leader in 1977 as: "The servant leader is servant first. It begins with the natural feeling that one wants to serve. Then conscious choice brings one to aspire to lead. The best test is: do those served grow as persons; do they while being served, become healthier, wiser, freer, more autonomous, more likely

themselves to become servants?" (Spears, 1998, p.1). Servant-leadership "is a long term transformational approach to life and work" (Spears, 1998, p.3). Servant-leaders influence by their example, by acting on what they believe. There is a sustaining spirit that guides the servant-leader as they guide the way for others (Farling, 1999).

The inherent mission of nursing is centered on serving patients and their families. This mission is reflected in the Florence Nightingale pledge that is recited by many nurses upon graduating from their schools of nursing. Within this pledge are the words: I will … "devote myself to the welfare of those committed to my care" (ANA 2001). This philosophy of dedicating oneself to the care and service of another is congruent with the model of servant-leadership. There is a spirit that is created when a nurse serves a patient and family through the development of a working relationship that creates a relational bond. This spirit sustains the staff nurse through the daily trials and tribulations by way of providing a sense of worth and purpose.

There is a large amount of literature written about Servant Leadership, however, the concept of servant-leadership is not supported by published empirical research (Farling, et. al., 1999). M.A. Bowman, author of *Popular Approaches to Leadership*, characterizes a significant amount of the evidence regarding servant-leadership as documented examples of the theory that are anecdotal in nature (Farling, et. al., 1999). Despite the lack of empirical evidence, the concept of servant leadership continues to strike a harmonious chord with many current day authors on leadership, thereby informally demonstrating the intrinsic value of the concept for many.

**Characteristics of a Servant- Leader**

In his book *Insights on Leadership: Service, Stewardship, Spirit and Servant Leadership,* Larry Spears presents servant-leadership as a "long-term, transformational approach to life and work – in essence, a way of being – that has the potential for creating positive change throughout our society" (1998, p.3). Spears has identified ten characteristics he believes are of critical importance for the servant-leader. These ten key characteristics are listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community.

Creating a workplace community is a "very tough business" according to Thomas Naylor. "It requires constant feedback and evaluation" (Naylor, 1996, pp42-7). This feedback is possible only through open communication and dialogue. The ability to communicate openly and honestly is one of the greatest challenges for a manager as leader. A manager may fear that the expression of negative feelings could result in creating a barrier to communicating effectively and establishing improved working relationships. Yet, conflicting viewpoints can offer information that is crucial to a better understanding of the issues and each other. Parker and Gadbois offer that "direct, honest information about bad news or criticism is critical. It isn't truly open communication if an organization withholds things that are hard to say" (Parker, 2000b, p.390).

**Listening**

One of the challenges of open communication for a nurse manager as leader is to be deeply committed to listening intently to others without bias or judgment. Traditionally, managers are valued for their ability to make decisions swiftly and quickly disseminate information to staff members. Spears proposes that a servant-leader should seek to identify the will of the followers and help to clarify that will. A nurse manager as servant-leader must listen openly to staff members, asking questions that clarify staff concerns in order to define the staff members' will. It is also essential that the nurse manager is able to listen to his or her inner self and recognize when personal perceptions can influence how information is interpreted. A manager's perception of the situation or reactions to the words heard can strongly influence how the nurse manager understands (or fails to understand) information shared by the staff nurses. It is easy for a nurse manager to draw conclusions from what is being said and reach invalid conclusions. To illustrate this point, Seiling offers a quote from Jack Miller, president of Quill Corporation: "You have to take the time to listen extra hard. People don't always speak out or speak directly to what they really want to say. In my role as a leader, I can miss a lot when I charge ahead without listening. I have to tune my 'senses' to hear what they really want to say. It makes a big difference in what I really hear" (Seiling, 1997, p.146).

Another benefit of listening is the ability to use this skill as an anger avoidance technique (Seiling, 1997). Unfortunately, not all conversations between managers and employees are calm and respectful. Some conversations can produce anger from the staff nurse, the manager, or both. Carol Travis calls "anger the human hiss" (Seiling, 1997, p.

146). Anger, according to Seiling, is a cry for help and is an indication that something is wrong, undesirable, that the staff member has encountered a barrier, or is feeling insignificant (1997, p.146). Listening closely to what the other person is saying, by not offering answers, but asking questions to better understand what the other person is saying can help the listener to peel away extraneous details and discover the central issue. Naylor contends that every workplace community needs a mechanism for managing conflict "to reduce tension when internal disputes arise among individual community members" (Naylor, 1996). Using and teaching the use of listening as an anger-avoidance technique can serve as a mechanism for working through conflict.

Listening openly cultivates the ability to be receptive to people as they share ideas and experiences. Listening is therefore a necessary step toward establishing a sense of connectedness between staff nurses and managers. Parker and Gadbois believe a leader must find "some basis in which to connect with another, especially when you are likely to disagree on some fundamental issues." This "makes communication and dialogue on those issues easier. The ability to 'work through' fundamental issues is powerful" (Parker, 2000b, p.430).

Nurse managers are often seen as powerful when able to collectively create solutions to problem issues with peers and organizational leadership. This type of power is equated with the process and the community rather than the organizational position of the nurse manager. Creating meaningful dialogue with staff nurses, listening to the conflicting viewpoints, and collaboratively creating new outcomes can bring a sense of

process power to the unit level staff members. A nurse manager as servant-leader can facilitate this type of partnership approach to defining new strategies for work through a willingness to listen to staff members communally describe their ideas and goals.

The ability to dialogue and suspend judgment, to inquire into assumptions, listen deeply, and reflect on the organization's diversity, and shared meaning is, according to Parker and Gadbois, "a powerful tool in the transformation of an organization toward community because it serves as a sustained collective inquiry into our everyday experience of how work gets done" (Parker. 2000b. p.430). "The process of dialogue is characterized by inquiry rather than advocacy, which is typical of dissection. Dialogue develops deeper ways of thinking, builds shared meaning and helps participants realize the value of relationships" (Parker. 2000b. p.430).

Listening intently, openly, asking clarifying questions, embracing conflicting viewpoints, are all necessary skills for a nurse manager as leader. These skills are foundational to the ability to interact well with staff members and support their personal and professional development. Acquiring a better understanding of each other and each other's needs is possible only through the type of open dialogue that occurs with honed listening skills.

**Empathy**

Spears proposes that a servant leader "strives to understand and empathize with others. People need to be accepted and recognized for their special and unique spirits" (1998.p.4)

Staff nurses desire to experience a sense of value from the work they do. Yet, nurses are often times assigned to patients based on years of experience and geographical proximity of each patient to other patients the nurse is working with, rather than according to the unique contributions each particular nurse has to offer. Daniel Hanson believes a primary role of a leader is to allow an employee to "shine" in the workplace, by matching "their special gifts and experiences to a purpose in their work and to connect to each other" (Hanson, 1996, p.193).

Through open dialogues with staff nurses, nurse managers can help registered nurses to identify the particular aspect of patient care they are most passionate about and then encourage the nurse's pursuit of that passion. Some nurses gain great personal satisfaction from the challenge of caring for acutely ill patients with multiple complex needs and playing a key role in the patient's recovery process. Other nurses may acquire a sense of fulfillment and value through collaborating with a patient and family in designing an education plan that will provide them with the information and resources they need for care at home. Both of these passions can generally be accommodated on a daily basis in the inpatient hospital environment.

Getting to know staff members, to develop an understanding of their gifts and passions takes time. It also takes time to build healthy relationships in the workplace (Hanson, 1996). Building healthy relationships begins with a manager as servant-leader who is skilled with listening empathetically (Spears, 1998), and is willing to dare to get to know someone "at a level where you experience their pain, including the pain you might

be causing them just by being human" (Hanson, 1996, p.174). Listening empathetically with the desire to understand the employee and their gifts in the hopes of offering up ways in which the employee gifts can be matched to the work, can provide staff nurses with a sense of recognition, fulfillment, and value.

**Healing**

Spears embraces healing as one of the greatest strengths of a servant-leader. "Many people have broken spirits and have suffered from a variety of emotional hurts. Servant-leaders recognize they have an opportunity to 'help make whole' those with whom they come in contact" (Spears, 1998, p. 4). Having previous experience as a staff nurse, a nurse manager can empathize with a staff nurse who errs in delivering patient care. The experienced nurse as manager, understands first-hand the personal agony that staff nurses experience in recognizing they have made an error that can have ramifications for the patient. Nurses desire to heal, not to harm. Therefore, making a mistake is the antithesis of why a nurse is a nurse. An empathetic nurse manager, however, can assist the staff nurse by learning from the mistake and recovering through a process of healing.

Accidents in the delivery of health care have historically led to the termination or resignation of competent nurses from the healthcare delivery system. The historical approach of blaming people for workplace issues results in the loss of skilled nurses and does nothing to reduce the likelihood that the accident will occur again. The goal of safety conscientious health care organizations is to encourage staff members to admit to mistakes or failures so the circumstances and contributing causes can be corrected and

avoided in the future (Parker, 200b). Through reports such as the Institute of Medicine's *To Err is Human: Building a Safer Health System,* leaders from multiple healthcare organizations are beginning to recognize that generally, no one single factor is to blame for patient deaths due to medical accidents (Rasmussen, 1999). A reduction in medical accidents will require changes within the healthcare system at all organizational levels. The nurse manager as an experienced member of the healthcare delivery team, can assist the nurse and the organization to recover and heal from the accident by defining and working through factors within the system that contributed to the accident.

Healing can also be seen in employees when offered encouragement. Kouzes and Posner embrace the ability of leaders to offer encouragement though recognition and celebration as a way to inspire and offer courage. "When we encourage others, we give them heart" (Kouzes, 1997, p. 253). In *The Servant-Leader* Greenleaf writes, "There is something subtle communicated to one who is being served and led if, implicit in the compact between servant-leader and led, is the understanding that the search for wholeness is something they share" (Spears, 1998, p. 4).

The ability to assist an employee through a process of healing is critical for a nurse manager, who wishes to maintain a staff of competent healthcare professionals. A positive self-esteem is crucial for the level of confidence in one's self that is necessary to function at an optimal level of performance. The stresses of providing quality health care are difficult enough without the added loss of self worth that is felt when a nurse commits an error. Assisting the staff nurse to heal, to learn from the accident, and then work

together to identify aspects of the patient care delivery system that can be corrected to prevent the error from occurring again, can infuse the nurse with a sense of worth and purpose.

**Awareness**

"General awareness and especially self-awareness," Spears offers, "strengthens the servant-leader." However, as Greenleaf observed: "Awareness is not a giver of solace—it is just the opposite. It is a disturber and an awakener" (Spears, 1998, p. 4). Capable leaders are not seekers after solace for they have their own inner security (Spears, 1998).

A servant- leader understands that gaining a better sense of self, is a life-long learning process. And it is through interactions with others, that a leader enlarges his or her awareness of self. For a self aware leader can recognize when his or her personal preferences come into play when receiving information that is conflicting to personal ideals. This recognition allows the leader to fight off a preference to ignore or minimize the information and embrace the new as an opportunity for learning. For great leaders, writes Hanson, "are born out of the process of interacting with others around differing goals and aspirations that come together in a rich blend to achieve a common purpose" (Hanson, 1996, p.173).

A leader wishing to create a workplace community must also be aware of behaviors that promote respect, and those that do not. Listening to opposing views, reflecting on the content so as to assure the staff member they have been heard, and incorporating

employee input wherever possible, are examples of respectful behavior. Employees feel a sense of worth when their input is recognized as a valuable contribution to the whole. Correspondingly, employee's feel devalued when they feel unrecognized, not listened to, treated as a child, or treated as a mere number in the mass of organizational employees (Hanson, 1996). A manager must be aware of personal behaviors that can solicit like behaviors on the part of their staff members.

Dorothy Marcic, author of *RESPECT: How to Get it From Employees*, contends that when a manager does not demonstrate trust and is critical of employees, the manager will "create untrustworthy and cynical employees" (1999, p. 1). Marcic believes one way managers inadvertently create cynical employees is to involve employees in creating and believing in the organizational visions and goals, and then criticize or ignore their ideas, magnifying their weaknesses, or not giving credit for employee's work. Being self-aware of personal behaviors that can affect staff members is crucial if a manager wishes to establish a genuine and trusting partnership approach to workplace issues with staff members. Recognizing the unique contributions of individual employees and working with employees to further their personal and professional development demonstrates respect for the employee as a person and as a valued contributing member of the community.

A nurse manager as servant-leader must be willing to ask him or her self, difficult questions in order to be cognizant of his or her approach to issues. A servant-leader should be seeking the answer to the question "What could be done better?" Not only

should the leader be searching for new ideas, but questioning his or her willingness to learn about new approaches and concepts. A leader who is honest with him or her self, is better able to identify when fears are affecting the decision making processes. Personal fears of loss of control, or a fear of being exposed as human can consciously and unconsciously influence how a manager approaches an issue. Besides fear, a leader's ego can also get in the way of his or her willingness to learn new things (Marcic, 1997). A leader must therefore be constantly aware of when personal behaviors or ego comes into play.

Creating workplace community is all about respect. "It means a shift from hierarchical bureaucracy and micro-management to a more flexible, outcome-oriented approach. It means setting agreed-upon, measurable goals and giving members of the community the freedom to use their creativity and expertise to meet new challenges. It means holding members of the community accountable along with giving them credit for their accomplishments. It also means allowing the members of the community to make mistakes without the risk of ridicule (Schell, 1999).

Developing a sense of self takes time and effort. This process requires an honest self-assessment of how the manager behaves when approaching employees. A servant leader must be aware of personal behaviors that demonstrate respect, and those that do not. Staff members will shy from trusting a manager who is not seen as respectful or credible in both words and actions (Kouzes, 1995). Consequently, the nurse manager as leader must be genuinely respectful for all staff members in both words and actions.

**Persuasion**

A servant leader according to Spears, relies on the ability to persuade rather than use the power of position to make decisions or create changes. The servant-leader influences by example and acting on what he or she believes and guides the way for followers (Farling, 1999). To influence rather than coerce, the servant-leader should use a leadership style that promotes consensus building rather than a traditional authoritative or autocratic approach. "Participatory management is a much more difficult form of management than authoritarian management. If management can get by with it, ordering someone to do something is much easier than trying to have a group of employees reach a consensus on a particular action. The only problem is that well-educated, affluent employees resent being told what to do by anyone" (Naylor, 1996).

Managers work with different types of employees. Michael Maccoby describes one type of employee that is becoming more prevalent in today's workplace. This new generation of employees need a definition of why they are working. They enjoy meeting people and solving problems, working in teams and sharing information. They also desire to be respected, to have a say in their work, the design of their job, and to be treated honestly and fairly (Ciulla, 1988). The art of persuasion through logic versus coercion is a natural fit for these self-developing employees. The act of providing rationale and logic provides self-developing staff members with a sense of being recognized, respected, and included in the future plans for the workplace.

Building community is about connecting through personal relationships. The workplace should foster a collegial, friendly relationship amongst staff members and managers alike (Naylor, 1996). Dictated mandates do not reflect a participatory approach to problem solving, whereas, group dialogue and group decision-making processes do. Naylor cautions that community decision making is a time consuming process, but it allows employees to participate in a careful and thought-out manner to identify factors that can be critical in the success of the business (1996).

A servant-leader as a participative leader informs through sharing of knowledge and data while providing rationale and logic. A servant-leader does not coerce staff members into compliance with workplace regulations through threats. Health care organizations are mandated to meet regulations set by external accrediting agencies. Any nurse manager can describe the difficulties in promoting staff compliance with meeting these prescribed standards despite the reality that compliance is mandatory if the institution is to remain open. Staff member compliance with the various standards is more likely to occur when the logic behind the standards is understood. Rationale, such as the patient safety element of assuring staff competence in the performance of specific nursing skills provides staff nurses with not only the logic behind the request, but a motive for compliance – patient safety.

The nurse manager as servant-leader avoids using the power of their position to force compliance with workplace issues. Instead, the manager as servant-leader persuades, shares information with staff members, and invites discussion of the information

presented. A servant-leader manager recognizes persuasion as the more respectful approach as opposed to coercion, as persuasion acknowledges the intelligence and ability of staff members to listen and to reason.

**Conceptualization**

In the midst of rapid changes in health care, the nurse manager as servant leader must be able to conceptualize a vision for the unit that is shared by the members of the staff. This vision serves as the foundation or constant in the midst of change. Snyder, Dowd, and Houghton (1994), assert that "to a leader, vision is a reality that has not yet come to be; it is not [just] a dream." "It guides a leader through the present into the future" (Farling, 1999) for the manager as servant-leader must seek to "dream great dreams" (Spears, 1998, p. 5). The effective servant-leader must be able to look at a problem from a conceptualizing perspective that translates into the ability to think beyond the day-to-day realities. This approach contrasts with the traditional managerial approach of focusing efforts on short-term goals.

The manager who wishes to be a servant-leader must stretch his or her thinking to encompass broader-based conceptual thinking (Spears, 1998). The nurse manager as servant leader can best create a shared vision with staff members through a process of defining unit, organizational and personal values. Defining values of importance to the group provides a shared foundation for conceptualizing the ideal future and what it should look like. This shared dream of the future is the shared vision. Openness, ownership, partnership, accountability, diversity, generosity, equity, respect, service,

meaning, and life long partnering are values identified in the literature, however, each organization must define the values that are meaningful to them (Parker, 2000). This process is essential if the unit culture is to transform from a day-to-day approach to issues towards a vision of striving to attain a shared vision or goal as a community. This process can set forth models for relating and working together that will in turn support the building of relationships and a desire for collaboration (Parker, 2000b). A jointly developed vision can serve the manager and staff members as a compass (Covey, 1990) that can direct the group to stay true to the community ideals despite rapid changes in the workplace.

Conceptualizing a process of communally defining a vision begins with the manager. The manager must have the skills and dedication to the process of facilitating a collective definition of group held values and principles. These group defined values and principles are essential and serve as the agreed upon foundation from which to build a shared vision. A group defined vision not only provides the manager and staff nurses with a sense of direction, but a sense of commitment to the workplace community as well (Barker, 1992).

**Foresight**

Foresight is "a characteristic that enables the servant-leader to understand the lessons from the past, the realities of the present, and the likely consequence of a decision for the future" (Spears, 1998, p.5). Anne Barker further defines this concept as "the ability to mentally see an event or result before it happens" (1992, p.173). Nurse managers can become adept at recognizing patterns of effects from organizational procedures, yet they

are challenged to recognize how to change patterns of staff discontent. Parker and Gadbois caution that there is little a nurse manager can do to change the quality of work life for staff members unless systems forces, such as fear and anxiety are addressed (2000b). Managing fear and anxiety of staff members (and self) is a difficult but critical undertaking for a nurse manager.

A nurse manager as leader should provide opportunities for story telling amongst staff members. Stories shared by staff members can offer examples of how and when fear and anxiety occur within the unit culture. Understanding these stories can provide the nurse manager with the ability to recognize when or how fear and anxiety affect various staff members. The lessons learned can be incorporated into the design of workplace goals thereby promoting a sense of feeling supported within the workplace community. The nurse manager as servant-leader can help staff members to learn from each other, to acknowledge fears, and learn from the lessons of the past. Role modeling the ability to learn from stories and manage fears and anxieties is a skill that would serve a manager as servant-leader well.

**Stewardship**

"Servant-leadership, like stewardship, assumes first and foremost a commitment to serving the needs of others" (Spears, 1998, p.5). The nurse manager as steward of a workplace community, serves staff members through role modeling behaviors that promote community while fostering an environment that supports meaningful work.

Role modeling behaviors that promote a sense of workplace community may seem inconsequential at first glance, but can be quite foundational.

Building relationships based on mutual respect while showing genuine sensitivity can begin with a behavior as simple as an honest smile and sincere greeting in the hallway. In a case-study hospital, Parker and Gadbois observed that seemingly unimportant behaviors such as a simple smile while making eye contact could create a palpable change in the atmosphere within an organization. This simple behavior promoted a friendlier feel to the environment of the studied hospital (Parker, 2000d). Taking the risk of a new philosophy was painful for members of the organization, but it was no more painful than the status quo of the environment when the friendlier behavior was role modeled. Parker and Gadbois described the new behavior as successful because the nursing staff and managers were "hungry for a new way of working together" (Parker. 2000d p.526).

Once a commitment to building relationships amongst staff is established, the nurse manager as servant-leader can serve as a steward of the principles of workplace community through demonstrating the ability to:

- Focus on real work and immediate things people care about
- Keep it simple
- Learn by doing
- Build from good, expect better, and make great.
- Find out what brings people together
- Start great dialogues about things that matter

- Do it when people are ready: timing is everything
- Design spaces where community can happen
- Find and cultivate the informal leaders
- Learn how to host a good gathering
- Acknowledge people's contributions
- Involve the whole person
- Celebrate (Parker, 2000c, p.469)

The nurse manager as a steward of workplace community must not only advocate passionately for these principles, but must also remember to listen deeply to staff member points of view. Relationships cannot be built on trust unless the communication is a two-way dialogue from which all parties can learn. The manager as servant-leader must be first and foremost a steward of the community vision and values.

**Commitment to the Growth of People**

"Servant-leaders believe that people have an intrinsic value beyond their tangible contributions as workers" (Spears, 1998, p.5) and are therefore "deeply committed to the growth of each and every individual within his or her institution" (Spears, 1998, p.5). Naylor adds that "a viable workplace community must embrace strategies for spiritual, intellectual, and emotional growth and development as well as physiological well-being" (1996, p.42-7).

Authors Daniel Denison and Robert Sutton, (1990) studied a group of operating room nurses in a large metropolitan hospital. The researchers had expected to see an improvement in staff nurse responses to their work environment once the group redesigned patient care provider roles and functions as a team. The unanticipated lesson was one of acknowledging the role emotions play as an important issue when defining the work environment. One group of nurses was observed to be very skilled at behaving professionally in response to domineering and demeaning behaviors by surgeons. The nurses were also adept at demonstrating warm and caring behaviors towards patients and families despite their suppressed emotions of feeling harassed by the same group of surgeons. This discord between the nurses' emotions and the portrayed behavior played out in complaint sessions, arguments, and verbal attacks amongst the group of operating room nurses when they were apart from physicians and patients (Hackman, 1990).

The impact of the inability of the nurses to communicate openly and honestly with each other and the impact of the surgeon behavior had not been addressed in the redesign of the operating room roles and functions. The study demonstrated the need to consider the emotional well being of the nursing staff in creating changes in the environment and the need to develop staff communication skills. The study also identified lack of creating a long-term commitment to a shared vision that would encompass the values of the multiple disciplines in the operating room culture. This example supports the need of the nurse manager as servant-leader to apply the principles of holistic healthcare, to address the physical, emotional, spiritual and psychosocial needs of the patient and family, and to staff members as well. A second lesson learned is the need to recognize the affects of

disciplines not drawn into the design of the workplace community despite daily interfacing with community members. The servant-leader has a tremendous responsibility to do everything within his or her power to nurture the personal, professional, and spiritual growth of employees (Spears, 1998) and facilitating the development of community that eventually includes all interfacing disciplines.

**Building Community**

Many hospitals today belong to large health care corporations. As these organizations become larger, providing more services with more people, the sense of connection amongst staff members can be lost. According to Robert Greenleaf: "All that is needed to rebuild community as a viable life form for large numbers of people is for enough servant-leaders to show the way, not by mass movements, but by each servant-leader demonstrating his or her own unlimited liability for a quite specific community-related group" (Spears, 1998, p.6). A unit level nurse manager as a relational leader can instigate the building of relationships amongst staff members while using servant leadership skills of listening and healing to foster an environment of trust. The nurse manager must approach this venture non-hierarchically with a genuine desire to facilitate but not control the process. The nurse manager can not enter into the process of creating a workplace community for personal gain, but rather with hopes of defining and achieving a communal vision of the future.

A nurse manager can plant the seeds for building a workplace community on a unit level, rather than attempting to directly influence the entire organization from the onset.

Once the manager and staff members have a shared vision and understand their common values, the nurse manager can empower the staff through personal and professional development and by sharing the power that comes with the ability to make decisions. Education regarding adaptive work and human responses to change and communication skills including conflict management skills may be key to a successful workplace community. The partnership relationship that develops between the nurse manager, the staff members and the work being done will become evident to organizational observers. By observing the benefits of a workplace community, the seeds will be planted to replicate beneficial aspects of the workplace community that will work for their unit culture. This process has the potential of enlarging to a point in which the whole organization becomes a workplace community. The nurse manager as relational and servant-leader plays a key role in directly or indirectly influencing staff members to not only create a workplace community, but to become leaders within their community as well.

## Conclusion

Creating a workplace community is not an appropriate goal for all nurse managers. Relational and servant-leadership models do not blend with every manager's personal philosophy of management. Creating a workplace community requires a non-traditional manager as leader, who is willing to establish partnering relationship with staff members and serve the staff members in their pursuits of providing quality patient care. A nurse manager as leader must be committed to the ideal of workplace cooperation, participation and team building (Naylor, 1996). Connecting with staff members to promote

partnership relationships must be a genuine desire for a nurse manager, for if this desire is not authentic, the staff members will see the manager as superficial and distrust will prevail.

A traditional nurse manager can utilize the three principles of Senge's leader as designer, teacher, and steward. These three roles of a leader can provide a foundation for a successful manager. But a nurse manager as leader who wishes to create a workplace community must be able to take the crucial steps of fostering healthy employee relationships, serving staff members in their collective pursuit of a defined shared vision and defining community values.

Creating a workplace community is dependent on a manager as leader's ability to instill a sense of shared ownership of the unit mission and vision. This requires an environment in which both staff nurses and nurse managers feel respected. Participation of all members of the community is an essential ingredient to attaining true workplace success.

A community manager as leader must be authentic in his or her desire to welcome input from all members of the community while employing a relational servant-leader style of leadership. Sharing the power that accompanies the ability to make decisions can be threatening to a manager, as it requires letting go of an element of control in an already unpredictable world. As a result, a manager that cannot share this power should not attempt to create a workplace community. A manager as leader that is truly invested

in creating a workplace community and is willing to share the power that comes with the ability to make decisions, should consider facilitating this process. The leader of a workplace community will reap the rewards of creating outcomes that are possible only through the collective intelligence of the unit staff.

Building relationships of "credibility and trust requires authenticity or genuineness" (Parker, 2000b, p.430). Staff members grant authority not to people who demand it, but to people "who are perceived to be authentic" (Parker. 2000b. p430). An authentic leader is a person who has achieved a level of spiritual and personal development and awareness that enables him or her to avoid some of the common pitfalls associated with being a leader, such as egotism, and jealousy. This level of authenticity is especially crucial when a nurse manager as leader is faced with the conflicts, challenges, and pressures that working together generates (Parker, 2000b). Kouzes and Posner defined through years of research that credibility is the essential characteristic of a leader. For them the first law of leadership is "If we don't believe in the messenger, we won't believe the message" (Kouzes, 1995, p. 26).

A workplace community can provide staff members with an environment in which they feel a sense of personal worth as valued individual and group contributors to the operations of the unit. The ability to interact collectively and collaboratively to create new and better solutions to workplace problems, and to interact and care for each are all benefits of a workplace community. This sense of value and connectedness to peers and

the work can in turn promote a desire within staff nurses to stay within their supportive and nurturing community as a long-term employee.

The nursing shortage provides staff nurses with numerous opportunities for employment. Retaining skilled registered nurses therefore requires a special environment. Staff nurses who experience personal worth and professional satisfaction from their work and their work environment are more likely to stay in that environment. Along with retaining employed nurses, a workplace community is also an environment that can be attractive to nursing students. Student nurses who experienced a sense of being welcomed, nurtured, and supported in their professional development during their clinical studies by already employed nursing staff, are more likely to sign on to work for the hospital which provided this experience. Staff nurses who are proud of their work environment tend to communicate the benefits of their work to the greater community. This type of communication is a word-of-mouth recruitment tool that surpasses any level of recruitment possible by a newspaper ad or hired nurse recruiter. Therefore, a workplace community can provide retention of skilled nurses and recruit new nurses in the midst of an imminent shortage.

The nurse manager as a relational servant-leader can facilitate the process of creating such a workplace community. This effort, carried out collectively with staff nurses, can improve the quality of work life for staff nurses that will in turn improve the level of care experienced by patients and their families. Skilled nurses who are satisfied with their

workplace and feel valued for their contributions will choose to continue their careers as nurses employed within the workplace community.

## Analysis

Men and women enter the profession of nursing to improve the quality of health of the patients and families they serve. As previously discussed, shorter length of stays have resulted in a loss of time available to establish therapeutic relationships with patients that extend beyond the fundamentals of providing essential care and education necessary for a patient's successful and safe discharge from the hospital. Adding to the loss of establishing a deep connection with patients is a reduction in the opportunities provided to staff nurses to offer support to each other. These issues result in nurses feeling starved for supportive trusting relationships in the workplace.

The attributes of a relational and servant-leader can provide a manager as leader with the skills necessary to build supportive trusting relationships among staff nurses and their coworkers and facilitate the process of developing a workplace community. A workplace community is a model that can provide nursing staff and managers with an approach to creating partnerships aimed at cooperatively defining improvements in delivering patient care and ways to better support each other.

This paper has focused on the role and attributes of a leader that are essential in creating a workplace community amongst staff nurses and a nurse manager in an inpatient hospital setting. Planting the seeds of a workplace community should begin on

a small scale so as to allow small successes to be recognized, applauded and built upon. It is essential that the vision of the workplace community eventually be broadened to include members of all disciplines that interface with the unit and patient care. The development of a collaborative working relationship between staff nurses and manager will not incidentally alter the working relationship between staff nurses and other disciplines such as physicians, respiratory care practitioners, social workers, physical therapists, etc. The effects of the community atmosphere between managers and nursing staff will be felt by other disciplines, but they must eventually be included in defining the vision and values in order to enlarge the workplace community.

The desire for a sense of connection to coworkers, a value of the work, and personal fulfillment from the work is not isolated to nurses and nurse managers. The characteristics defined in this paper are applicable to a unit level manager in any field who desires to create a workplace environment. The current reality for healthcare is that healthcare is no longer perceived as a unique entity. Healthcare is now defined as a business in terms of procedures, techniques, and resources (Wyatt 2000), likening healthcare to other businesses with skilled employees. Consquently, the need for building workplace communities is essential for both health care and non-health care businesses that wish to have satisfied employees who in turn desire to meet customer needs.

A relational servant-leader style of leadership can encourage retention of registered nurses through improving the level of job satisfaction through developing a workplace

community. It is within this workplace community, that the leader sponsors a connection to self, to others, and to the work. A relational servant-leader can assist staff members in the process of discovering own talents and gifts. The workplace community leader enhances this sense of purpose with supporting staff members in their pursuit to learn to work collaboratively so they can experience the benefits of their collective intelligence. Altogether, these pursuits will result in the development of a conscious commitment by the members of the community to improving the work-related outcomes experienced by their patients and families.

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